

LYNDHURST POLICE DEPARTMENT

367 VALLEY BROOK AVENUE

LYNDHURST, NJ 07071

www.lyndhurstnjpolice.gov



Headquarters (201) 939-2900

Dear Lyndhurst Residents,

With the goal of better serving our residents, while responding to calls involving individuals with special needs, the Lyndhurst Police Department has established a voluntary Special Needs Information Database. Our officers are trained to recognize how certain circumstances may be distressing to an individual with special needs. By knowing who in our community requires a special response and having that information readily available in our computer aided dispatch system (C.A.D.), our officers will respond appropriately with the individual's needs in mind.

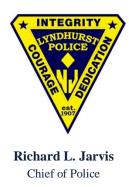
The purpose of this Special Needs Information form is to collect emergency contact information (home address, telephone numbers), as well as specific characteristics with regard to individuals with special needs (i.e., non-verbal, sensory, medical, likes and dislikes). Additionally, a photograph of the individual, if provided, will be attached to their file so that our officers can easily identify them.

The form will remain on file with the Lyndhurst Police Department, and the information provided will be kept <u>confidential</u>. Please note that the completion of this form is entirely **voluntary**. If you choose to provide the information requested, you are not obligated to disclose medical information.

You may either return the completed form and photograph to our agency at 367 Valley Brook Avenue, Lyndhurst, NJ 07071 Attn: Special Operations Division or e-mail the form with photograph to specialoperations@lyndhurstnjpolice.gov. We ask that you include your email address on the form so that we can contact you in the future for updated information and a photograph.

We appreciate the opportunity to better serve our community through this new initiative.

Sincerely, *Richard L Jarvis*Chief of Police



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SPECIAL NEEDS INFORMATION FORM

				rte:
Name of Special Need	ls Person:			
	A			
City:	State:	Zip:	Home Phone:	
	Other:			
Date of Birth:	Height:	Weight:	Eye Color:	
Hair Color:	_			
Scars or Identifying M	arks:			
Medical Conditions:				
Method of communic technology, etc.:	ation, if non-verbal: si	gn language, picture	e boards, written	word, assistive
Identification worn: 6	ex: jewelry/Medial Aler	t [®] , clothing tags, ID	card, tracking m	onitor, etc.:
Current prescriptions	:			
Sensory or medical iss	sues and requirements	, if any:		
Inclination for wande	ring behaviors or chara	cteristics that may a	attract attention:	
Favorite attractions a	nd locations where per	rson may be found if	f missing:	
Likes and dislikes (incl	ude approach and de-e	escalation technique	es):	
Emergency Contact N	ame 1:			
Phone:				
Address:		City	::	State:
Zip: Ema	il Address:			
Emergency Contact N	ame 2:			
Phone:				-
		City	r:	State: